



**PUBLIC EMPLOYMENT RELATIONS COMMISSION**  
112 Henry Street NE, Suite 300, Olympia WA 98506  
PO Box 40919, Olympia WA 98504-0919  
Phone: 360.570.7300 Email: filing@perc.wa.gov  
Web: www.perc.wa.gov

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JAN 28 2016

PUBLIC EMPLOYMENT  
RELATIONS COMMISSION

## REPRESENTATION PETITION

☐ Amended Petition in Case # \_\_\_\_\_

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC

### **PARTIES** Include information for all parties involved.

**EMPLOYER** Evergreen Health  
**Contact** Bob Malte  
**Address** 12040 NE 128th St  
**City, State, ZIP** Kirkland, WA, 98034  
**Telephone** 425-899-2621 Ext. \_\_\_\_\_  
**Email** bmalte@evergreenhealthcare.org

**PETITIONER** SEIU Healthcare 1199NW  
**Contact** Teresa Tobin  
**Address** 15 South Grady Way, Ste 200  
**City, State, ZIP** Seattle, WA, 98057  
**Telephone** 425-917-1199 Ext. \_\_\_\_\_  
**Email** teresat@seiu1199nw.org

**CURRENT BARGAINING REPRESENTATIVE**  
(If one exists) SEIU Healthcare 1199NW  
**Contact** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, ZIP** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ Ext. \_\_\_\_\_  
**Email** \_\_\_\_\_

### **TYPE OF REQUEST** Select One. The petitioner requests:

- ☐ **RECOGNITION** to be certified as the representative of employees currently unrepresented.
- ☐ **CHANGE OF REPRESENTATIVE** to be certified as the representative of employees currently represented by another organization.
- ☐ **DECERTIFICATION** to no longer be represented by the current organization.
- ☒ **INCLUSION OF UNREPRESENTED EMPLOYEES** to have a group of employees added to an existing bargaining unit as described in WAC 391-25-440.
- ☐ **EMPLOYER PETITION** a determination by the commission according to WAC 391-25-090.

### **BARGAINING UNIT**

**Description of Bargaining Unit:** Indicate inclusions / exclusions

See Attached

**Department or Division** Spiritual Care  
**Number of Employees in Unit** 5 NEW, 113 Existing  
**Collective Bargaining Agreement**  
If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.  
**Contract Expiration Date:** \_\_\_\_\_


### **OTHER RELEVANT FACTS**

☐ Additional information relating to the proposed bargaining unit is attached.

### **SHOWING OF INTEREST**

The petition must be filed with a showing of interest indicating support of at least 30% of the employees in the bargaining unit.  
The showing of interest cards are confidential and are **ONLY** filed with PERC.

### **AUTHORIZED SIGNATURE FOR PETITIONER**

**Print Name** Teresa Tobin **Telephone** 206-465-7465 Ext. \_\_\_\_\_  
**Title** Organizing Director **Email** teresat@seiu1199nw.org  
**Address** 15 South Grady Way  
**City, State, ZIP** Renton, WA, 98057 **Signature**  **Date** 1/22/16

**Representation Petition – Evergreen Health – Chaplains**

**Included:** All full time, regular part-time, and per diem chaplains to be included with the Evergreen Social Workers and Case Managers, certified in case number 27173-E-15

**Excluded:** All supervisors and managers